

SENATE BILL REPORT

SB 5195

As of January 21, 2021

Title: An act relating to prescribing opioid overdose reversal medication.

Brief Description: Concerning prescribing opioid overdose reversal medication.

Sponsors: Senators Liias, Muzzall, Das, Dhingra, Nguyen and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/20/21 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 1/22/21.

Brief Summary of Bill

- Requires a hospital emergency department to dispense opioid reversal medication to a patient with opioid use disorder upon discharge.
- Requires a residential or outpatient substance use disorder treatment provider to prescribe or dispense opioid reversal medication to a client with an opioid use disorder if the client does not already have a prescription.
- Requires the Health Care Authority to assist hospital emergency departments and providers in complying with this act.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: The Department of Health (DOH) licenses and regulates healthcare professions and facilities in Washington State. Under current law, practitioners that have prescribing authority include licensed physicians, physician assistants, osteopaths, optometrists, dentists, podiatrists, veterinarians, nurse practitioners, naturopaths, and

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pharmacists.

Opioids include prescription pain medications, heroin, and synthetic opioids such as fentanyl. An excess amount of opioid in the body can cause extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death. Opioid overdose reversal medications, such as Narcan, Naloxone, and Evzio, can be administered to an individual experiencing an opioid overdose to rapidly restore normal breathing. These medications may be injected intravenously in muscle, or sprayed into the nose.

Opioid reversal medication is defined in law as any drug used to reverse an opioid overdose that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors. It does not include intentional administration via the intravenous route.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): A hospital emergency department must provide a patient with opioid use disorder with an opioid reversal medication upon discharge. The medication may be dispensed through an automated drug dispensing device, if there is one available. The hospital must bill Medicaid for the cost of the medication if the person is enrolled, and may otherwise seek reimbursement from the patient's health insurance.

Residential and outpatient substance use disorder providers must confirm that each client with an opioid use disorder has opioid reversal medication. If the client does not, they must prescribe an opioid reversal medication to the client, or use the statewide Naloxone standing order to assist the client in directly obtaining opioid reversal medication, by directly dispensing, partnering with a pharmacy, or other means. The residential or outpatient substance use disorder provider must refer the client to the services of a substance use disorder peer specialist. The provider must bill the client's health plan for the opioid reversal medication or ensure the dispensing pharmacy bills the client's Medicaid pharmacy benefit.

The Health Care Authority (HCA) must provide technical assistance to emergency departments, residential substance use disorder providers, and outpatient substance use disorder providers to assist them in complying with this act. In doing so, HCA must collaborate with the DOH and the Office of the Insurance Commissioner.

Appropriation: None.

Fiscal Note: Requested on January 20, 2021.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.